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FAMILY NAME: KOIKE DELAY WAIVED (Y/N): Y
GIVEN NAME: A. DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 29 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 6715/61728 COUNTRY:
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STREET: 1185 AVENUE OF THE AMERICAS

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10036

EMAIL:

APPLICATION TITLES:

~~COMMUNICATION DEVICE, COMMUNICATION METHOD, AND COMMUNICATION TERMINAL DEVICE~~

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 3753

SERIAL NUMBER 09/763,833	FILING DATE 02/27/2001 RULE	CLASS 370	GROUP ART UNIT 2664	ATTORNEY DOCKET NO. 6715/61728
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APPLICANTS

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**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/JP00/04110 06/22/2000 Yes C-S-S

**** FOREIGN APPLICATIONS *******

JAPAN P11-183610 06/29/1999 C-S-S Yes
 JAPAN P11-323446 11/12/1999 C-S-S Yes

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/30/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 31	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance C-S-S				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Communication device and communication method, and communication terminal device.

FILING FEE RECEIVED 1182	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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